

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

Reset Form

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

CHILD ADVOCACY BOARD

Name of Department or Office
 515 FIFTH AVENUE

COUNCIL BLUFFS, IA 51503

Mailing Address
 877-435-0595

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

JIM HENNESSEY

Name

321 E. 12TH STREET, 4TH FLOOR LUCAS BUILDING

DES MOINES, IA 50319

Mailing Address (if different from above)

City, State, Zip (if different from above)

jim.hennessey@dia.iowa.gov

515-242-6392

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

FRIENDS OF CASA AND FOSTER CARE REVIEW BOARD

Name

321 E. 12TH STREET, 4TH FLOOR LUCAS BUILDING DES MOINES, IA 50319

Mailing Address

City, State, Zip Code

515-281-7299

Area Code & Telephone Number

sherri.ripperger@dia.iowa.gov

Email Address (optional)

3/20/19

\$ 45.00

Date of Gift, Bequest, or Grant

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Sam's Club Business membership renewal.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Anne Christensen affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Anne Christensen
 Signature

3/20/19
 Date